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CONFIRMATION NO. 2184

Bib Data Sheet

SERIAL NUMBER 09/619,351	FILING DATE 07/19/2000 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. 15689.54
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**APPLICANTS**

Masafumi Usuda, Kanagawa, JAPAN;  
Yoshihiro Ishikawa, Kanagawa, JAPAN;  
Seizo Onoe, Kanagawa, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***JAPAN 11-206789 07/21/1999 *gwm***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 09/06/2000

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 11	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Gm Me</i> Examiner's Signature	<i>9/2/03</i> Initials			

**ADDRESS**

022913

**TITLE**

CDMA reception apparatus and received signal power measuring apparatus in CDMA mobile communication system

FILING FEE RECEIVED 1316	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231  
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Bib Data Sheet

SERIAL NUMBER 09/619,361	FILING DATE 07/19/2000 RULE -	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 3815/95
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**APPLICANTS**

Masafumi Usuda, Kanagawa, JAPAN;  
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Seizo Onoe, Kanagawa, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 11-206789 07/21/1999

**IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED \*\* 09/06/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 11	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

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120 West 45th St 9th Floor Avenue  
New York ,NY 10036— 10022

**TITLE**

CDMA reception apparatus and received signal power measuring apparatus in CDMA mobile communication system

FILING FEE RECEIVED 1316	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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